



## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	HUMAN RGR ONCOGENE AND TRUNCATED TRANSCRIPTS THEREOF DETECTED IN T CELL MALIGNANCIES, ANTIBODIES TO THE ENCODED POLYPEPTIDES AND METHODS OF USE
Attorney Docket Number::	PELLICER1A
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	12
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	SPAIN
Status::	Full Capacity
Given Name::	Angel
Middle Name::	
Family Name::	PELLICER
Name Suffix::	
City of Residence::	New York
State or Province of Residence::	New York
Country of Residence::	UNITED STATES
Street of Mailing Address::	300 East 85 <sup>th</sup> Street, Apt. 1902
City of Mailing Address::	New York
State or Province of Mailing Address::	New York
Country of Mailing Address::	UNITED STATES
Postal or Zip Code of Mailing Address::	10028
Applicant Authority Type::	Inventor
Primary Citizenship Country::	UNITED STATES
Status::	Full Capacity
Given Name::	Peter
Middle Name::	
Family Name::	LEONARDI
Name Suffix::	
City of Residence::	East Haven
State or Province of Residence::	Connecticut
Country of Residence::	UNITED STATES
Street of Mailing Address::	2 South Street
City of Mailing Address::	East Haven
State or Province of Mailing Address::	Connecticut
Country of Mailing Address::	UNITED STATES
Postal or Zip Code of Mailing Address::	06512
Applicant Authority Type::	Inventor
Primary Citizenship Country::	UNITED STATES
Status::	Full Capacity

Given Name:: Giorgio  
Middle Name::  
Family Name:: INGHIRAMI  
Name Suffix::  
City of Residence:: Mt. Vernon  
State or Province of Residence:: New York  
Country of Residence:: UNITED STATES  
Street of Mailing Address:: 44 Parkway East  
City of Mailing Address:: Mt. Vernon  
State or Province of Mailing Address:: New York  
Country of Mailing Address:: UNITED STATES  
Postal or Zip Code of Mailing Address:: 10552

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	Appln claiming benefit under 35 USC 119(e)	60/397,873	07/24/02

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
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**Assignment Information**

Assignee Name:: New York University  
Street of Mailing Address:: 70 Washington Square  
City of Mailing Address:: New York  
State or Province of Mailing Address:: New York  
Country of Mailing Address:: United States

Postal or Zip Code of Mailing Address:: 10012